

POLITICAL COMMITTEE SPECIAL PRE-ELECTION REPORT OF DIRECT EXPENDITURES

FORM PAC-E

1 ACCOUNT # (Ethics Commission Filers) 00070388		2 PAGE # 1 of 1		OFFICE USE ONLY		
3 COMMITTEE NAME Vote'm In Vote'm Out PAC				FILED IN THE OFFICE OF CITY CLERK 770 DAY OF 11/20/14 AT 11:17 AM JENNIFER CRUZ FOR JENNIFER CRUZ CITY CLERK		
4 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ms. Jane L. NICKNAME LAST SUFFIX Marshall				Receipt #
5 CAMPAIGN TREASURER'S MAILING ADDRESS		STREET OR PO BOX APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 4774 Austin, TX 78765				Date Hand-delivered Date Processed Date Imaged
DIRECT CAMPAIGN EXPENDITURES						

EXPENDITURE CATEGORIES

 Advertising Expense
 Accounting/Banking
 Consulting Expense
 Event Expense
 Fees

 Gifts/Awards/Memorial Expense
 Legal Services
 Food/Beverage Expense
 Polling Expense
 Printing Expense

 Salaries/Wages/Contract Labor
 Solicitation/Fundraising Expense
 Travel In District
 Travel Out Of District
 Office Overhead/Rental Expense

 Loan Repayment/Reimbursement
 Transportation Equipment & Related Expense
 Contributions/Donations Made By
 Candidate/Officeholder/Political Committee
 OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

6 Date 10/29/2014	7 Payee name Austin Chronicle		
8 Amount (\$) \$972.00	9 Payee address City; State; Zip Code 4000 N. I-35 Austin, TX 78751		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ad	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:		
Date	Payee name		
Amount (\$)	Payee address City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:		
Date	Payee name		
Amount (\$)	Payee address City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:		